



Application B

**Utah Department of Workforce Services (DWS)**

**APPLICATION TO PROVIDE OCCUPATIONAL SKILLS TRAINING SERVICES**

**Schools Registered with Consumer Protection / Schools Approved through USOR / Government Agencies**

**Part A: School Information**

School Information	
School Name	
Street	
City, State, Zip Code	
Mailing Address, if different	
Contact Name	
Contact Phone Number	
Contact Fax Number	
Contact E-mail	
Toll Free Number	
Web Address	
Other Names Operated Under	
Length of time in business; include start date of business. (Your school must have been in business in Utah for at least one year. No start up organizations will be approved.)	Please attach your school's current business license showing at least one year in business in the state of Utah.
For electronic payment through a point of sale/credit card machine, please list your Merchant Number/Acceptor ID Code for:	Registrar's Office/Tuition Payments:
If you do not have a credit card machine, please complete the Form FI-16V (last page of application) with the direct deposit account information for your school.	
Accreditation and State Authorization Agencies	
Are you registered as a proprietary school with the Utah Division of Consumer Protection?	NO / YES (if yes, please provide documentation)
Are you an approved facility with the Utah State Office of Rehabilitation?	NO / YES (if yes, please provide documentation)
Are you a government agency?	NO / YES
Does your school have institution-wide accreditation?	NO / YES (if yes, please provide a copy of your current letter of accreditation)



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### Additional Criteria

Refund Policy	Please attach your current refund policy.
Grievance Procedure	Please attach an outline of your grievance procedure for individuals with complaints on such issues as discrimination, accessibility etc.

**Part B: Program Information: The following information is required for each program seeking approval. Please attach additional pages if needed.**

Program Name	
If accreditation is required and you do not have institution-wide accreditation, is this program accredited?	NO / YES / NA (if yes, please provide a copy of your current letter of accreditation)
Is one of the goals of your program to have your students satisfy the education requirements for licensure by the Division of Occupational and Professional Licensing (DOPL) or any other licensing agency?	NO / YES (if yes, please provide the following:  Type of license: _____  Agency that will issue the license: _____  Please attach documentation that your curriculum has been reviewed by DOPL or other licensing agency, and documentation that your instructors are licensed by DOPL or other licensing agency to practice the occupation or profession that is taught.)
Completion Rate (%)	
Graduates in Unsubsidized Employment (%)	
Wage at Placement	
Type of certification, license or accreditation that students completing the program obtain	
Certification (%)	
Program Cost: Please include the cost for tuition, fees, books, supplies etc.	
Program Information: (Please include length of training, overview of curriculum etc.)	



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### Part C: Before sending, please verify that the following is included with the application:

- ☐ Current business license showing at least one year in business in the state of Utah.
- ☐ Documentation of registration as a proprietary school with the Utah Division of Consumer Protection. If you are in your review year, please also provide your Review Registration Approval Letter from the Utah Division of Consumer Protection.
- ☐ Documentation as an approved facility with the Utah State Office of Rehabilitation, if applicable.
- ☐ A copy of your current letter of institution-wide accreditation, and/or current letter of accreditation for each program for which you are seeking approval, if applicable. (Please note that the accreditation certificate is not sufficient documentation.)
- ☐ A copy of your refund policy.
- ☐ An outline of your grievance procedure for individuals with complaints on such issues as discrimination, accessibility, etc.
- ☐ Documentation that your curriculum and instructors have been reviewed by DOPL or other licensing agency, if applicable.

**\*\*Please note that if any information is missing, fraudulent or required documents are not attached to the application, it will delay the process for approval or denial.**

By signing this application, you are agreeing that your school will:

- ☐ Provide DWS students with progress and attendance reports upon request.
- ☐ Notify DWS of any changes including addition or deletion of courses, programs or locations, changes in program cost, accreditation, approval, certification and/or license and relocation or change of ownership. Depending on the change, it may require a new application approval process.
- ☐ Provide services in a professional and timely manner.
- ☐ Have an adequate facility that abides with ADA guidelines.
- ☐ Abide by the DWS Equal Opportunity Clause:
  - Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I – financially assisted program or activity:
    - Title VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, and national origin;



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- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
  - The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;
  - And Title IX of the Education Amendments of 1972, as amended which prohibits discrimination on the basis of sex in education programs.
- ☐ Not recruit on DWS premises without DWS Employment Center Manager's approval.
  - ☐ Not rely solely on funds from DWS to remain in business.
  - ☐ Not use your organization or corporate names and logos, or pass out materials identifying yourself to the media, to business or other organizations/associations, or to individuals, in the context of conducting any DWS operations or contracted services.

I certify that the information contained herein is complete and accurate to the best of my knowledge, and is furnished for the purpose of obtaining DWS approval to offer services in the State of Utah, and in conformity with the standards set forth by the State of Utah.

Should circumstances result in any modifications of the content, I will advise DWS. I understand that failure to abide by the rules may result in a further review of services and possible termination of application status or approval of services.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail the completed application and required documentation to:

Attn: Kathleen Johnson  
Department of Workforce Services – OSD  
140 E 300 S  
Salt Lake City UT 84111



## Direct Deposit Authorization Form for Electronic Funds Transfers (EFT) for Vendors

### Payee Information

Name of Business or Individual		Vendor Code	SSN or EIN	
Street Address	City	State	Zip Code	

### Option 1

Attach a voided check and sign the *Authorization for Setup* below. (A photocopy of a voided check will not be accepted). Do not attach a deposit slip since deposit slips do not contain sufficient information for processing.

### Option 2

Provide financial institution and account information on this form and sign the *Authorization for Setup* below.

### Financial Institution

Financial Institution Name		City	State	Zip Code
Routing Transit Number (9 DIGITS)		Account Number	Type of Account	
			Checking	Savings

### Authorization for Setup

I hereby authorize the State of Utah ("the State") to initiate credit entries to the account number listed above ("this account"). I further authorize the State to correct credit entries made in error to this account. I agree that this AUTHORIZATION FOR SETUP is to remain in full force and effect until the State has received written notification from me of its termination, in such time and manner as to afford the State and the Financial Institution a reasonable opportunity to act upon my notification. I recognize that if I fail to provide complete or accurate information on the above DIRECT DEPOSIT AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFERS (EFT) FOR VENDORS ("this form"), the processing of this form may be delayed and/or my payments may be erroneously transferred. In the event that funds are erroneously transferred due to my failure to provide complete or accurate information on this form, I hereby hold the State harmless for the recovery of such erroneous transfers, notwithstanding any reasonable attempts made by the State to correct such errors.

I, the undersigned certify that I am authorized to provide the above information and the information is true and correct.

Authorized Signature	Printed Name	Title	
Date (mm/dd/yyyy)	Email Address	Telephone Number (xxxxxxxxxx)	Fax Number (xxxxxxxxxx)



## Vendor Number Application/Update (Substitute W-9 Certification)

### Ownership Type that Applies to You or Your Business (Select one and supply a SSN or EIN as applicable)

- |  |  |
|--|--|
| <input type="radio"/> <b>Individual</b><br>SSN _____   | <input type="radio"/> <b>Governmental Entity</b><br>EIN _____          |
| <input type="radio"/> <b>Sole Proprietorship</b><br>(Includes one-member Limited Liability Companies)<br><input type="radio"/> SSN <input type="radio"/> EIN _____ | <input type="radio"/> <b>Nonprofit Corporation</b><br>EIN _____        |
| <input type="radio"/> <b>Partnership</b><br>(Includes Limited Liability Companies with two or more member)<br>EIN _____  | <input type="radio"/> <b>Trust</b><br>EIN _____                        |
| <input type="radio"/> <b>Corporation</b><br>(Professional Corporation, S-Corp, etc.)<br>EIN _____  | <input type="radio"/> <b>Other</b> _____<br>(Be specific)<br>EIN _____ |

### Type of Business (Select Yes or No as applicable)

Does your business provide Medical Services? ☐ Yes ☐ No

Does your business provide Legal Services? ☐ Yes ☐ No

### Name

**Name as reported to IRS** (for individuals & sole proprietors this should be the name of the individual) \_\_\_\_\_

**Business Name, Trade Name or DBA** (if different then above) \_\_\_\_\_

### Address for Payments

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**NOTE:** If you prefer to receive payments as Electronic Funds Transfers (EFT) to your bank account, complete an FI 16V - Direct Deposit Authorization for Electronic Funds Transfers (EFT) for Vendors. This form is available at <http://efinance.state.ut.us/evendor>.

### Certification

IRS regulations state that if you fail to provide the correct *Social Security Number* or *Employer Identification Number* requested above, you may be subject to a penalty. If you willfully provide false information you may be subject to criminal penalties including fines and/or imprisonment.

I, the undersigned certify that I am authorized to provide the above information and the information is true and correct.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Return to: \_\_\_\_\_ or Fax to: \_\_\_\_\_  
Department of Workforce Services  
\_\_\_\_\_  
Telephone: \_\_\_\_\_